

THE

Child

Monthly News Summary

with

Social Statistics Supplement

[PRINTED SEPARATELY]



MARCH-APRIL

1938

Volume 2

Numbers 9 and 10

Published by the

CHILDREN'S BUREAU

U. S. DEPARTMENT OF LABOR

WASHINGTON, D. C.





THE CHILD — MONTHLY NEWS SUMMARY

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MAY DAY CHILD HEALTH DAY 1938



***SPEED CHILDREN ON
THE ROAD TO HEALTH***

CHILDREN'S BUREAU
UNITED STATES DEPARTMENT OF LABOR

SPEED CHILDREN ON THE ROAD TO HEALTH

through

Care of mother before, during, and after childbirth

Health supervision by physician

Immunization against certain diseases

Laws for child protection

Dental care and hygiene--

Healthful foods

Exercise and play

Ample sleep

Lots of sunshine

Training in health habits

Happy home--

Development of good posture

Accident prevention

Year-round child-health services in each community

SOCIALLY HANDICAPPED CHILDREN

RESPONSIBILITY OF THE STATE IN CHILD ADOPTION

BY MARY RUTH COLBY,
CONSULTANT IN SOCIAL SERVICE, U. S. CHILDREN'S BUREAU

More than 650 years ago the "great code" of Alfonso V of Castile, known as the "Siete Partidas" recognized the responsibility of the State to give protection to children who were about to be adopted. No child under 7 years of age could be adopted, and it was made the duty of the King to consent to the adoption of a child between the ages of 7 and 15 years if, after investigation, he felt that the one who wished to adopt the child was motivated to do so by good intentions and that it would be to the advantage of the child to have this done.¹

In the United States it is only within the last 20 years that there has been statutory recognition of the need for State participation in adoption and that the State welfare department has been made responsible by legislation for the investigation of adoption cases and for the general protection of the child placed for adoption. Likewise, legislation authorizing State departments to supervise the work of child-placing agencies has provided another State service in the interests of children placed for adoption.

Adoption establishes a permanent relationship between foster parents and a child often too young to give expression to his desires and, therefore, incompetent to make a decision for his future. Only through an impartial study that will bring to light all the potential values or disadvantages of the adoption either for the child or for the foster parents can the interest of the child be placed before the court. For example, regardless of the seeming desirability of a home, the future welfare of the child will be jeopardized if he is unable to meet the expectations of his foster parents as he grows older. In order to assure satisfactory standards of case work in making investigations, about one-fourth of the States have given the responsibility for making adoption investigations to a State welfare department.

Court action severing the ties between a child and his own parents or relatives is the final process in a situation created by the placement of a child in a family home. The success of an adoption is dependent upon the wisdom of the original placement, since the ties of affection that have developed during the time the child has been in the home cannot be disregarded even when there is a question about the desirability of the adoption.

The selection of a home for a child is a highly specialized service. It must be based on a thorough understanding of the child's background and his potentialities for physical and mental development and on an equally thorough understanding of the foster parents, their motives in adopting a child, the relationships within the family, and the contribution the foster parents can make to the sound emotional and social development of the child. Failure to appreciate the real significance of parent-child relationships or willingness to accept a casual social acquaintance as a prospective foster parent has resulted in many undesirable placements of children.

The development of skilled placement services through a broad educational program is one of the major responsibilities of a State department.

Educational Services of the State Department to Prevent Undesirable Placements

A social agency having on its staff case workers qualified by training and experience in placement of children is best able to give skillful placement services. One of the objectives of the educational program of the State is to further the development of agency services and to make more nearly uniform the standards of child placing throughout the State. The holding of group meetings of executive and staff members of child-placing agencies is one of the methods used to improve agency standards; visiting individual agencies for an intensive study of case records

¹Las Siete Partidas Law IV, as translated by Gladys Renshaw, Newcomb College, New Orleans. See "Public Welfare in Louisiana," by Elizabeth Wisner, appendix A, p. 212.

and a discussion of questions of policies and procedures is another method used. The formulation of desirable standards of child placing by the agencies working in cooperation with the State department not only will serve to increase the understanding of the members of the group but sometimes will make possible the acceptance of policies that otherwise might not have been attained for years.

The interest of a State department must often extend beyond the borders of the State when residents, in their efforts to obtain a child for adoption, make use of institutions or agencies located in another State. The improvement of undesirable placement standards should be of interest to both State departments. Cooperation between State departments is one of the best methods of dealing with interstate problems.

Placements of children made by individuals who have no understanding of the problems involved in the selection of a proper home for a child have been the cause of much anxiety to State departments and others interested in the welfare of children. An investigation made at the time the petition to adopt a child is filed may show that the home is most undesirable, but once the child has become an integral member of the family group it is practically impossible to remove him unless actual physical or moral neglect can be proved.

The Children's Bureau in 1935-36 made a study of adoption procedure in States in which the State welfare department had some responsibility for the investigation of adoption petitions. It was found that less than half of the children had been placed in the homes of the petitioners by child-placing agencies and that about one-third of them had been placed by individuals not connected with authorized agencies. Other children had not been placed in a technical sense, since the petitioners were step-parents or persons with whom the child had always lived; in a few instances the child was not in the home when the petition was filed, or no information was available as to the placement.

Reduction in the number of placements made by other than authorized child-placing agencies should be of interest to a State department. Since a large percentage of such placements are

made by parents and relatives, it is the responsibility of the State department to develop greater willingness on the part of the child-placing agencies to serve these persons and thereby to prevent the making of placements without proper understanding of all the elements involved. Child-placing agencies should look at the whole placement problem more realistically and should offer their assistance to parents and relatives in order to protect children from hazardous placements.

Studies of adoption have shown that the majority of children adopted are born out of wedlock.

Far too many of these children are placed without the benefit of agency services. In the past, maternity homes and hospitals serving the unmarried mother considered child placement one of their primary functions. Although the more progressive maternity homes have discontinued this practice and are using the child-placing agencies instead, many children are still finding their way into foster homes through these institutions. Supervision of the health aspects of these homes and hospitals by a State agency has been recognized as important. It is equally important that their placement practices be subject to State supervision.

Members of the medical profession have occasionally made placements of these children in an effort to serve their patients, although the Children's Bureau study indicated that this was done much less frequently than had been thought. However, it was apparent that there was a need for a general program of education through the newspapers and professional journals in order to supply doctors with information about the child-placing regulations in the State and about authorized resources available to them if they are confronted with the need of a mother to plan for a child's care or with the wish of a childless couple to find a child for adoption.

Local resources, public or private, must be available in every section of the State to meet the needs of the unmarried mother and her child, and it is the responsibility of the State department to stimulate the development of these resources so that independent placements will not be necessary. Having an active local agency equipped to give service to unmarried mothers

would not necessarily mean that children of unmarried parents would be less often available for adoption, but it would mean that when such children were to be placed they could be referred to authorized child-placing agencies and thereby be spared the hazards of independent placements.

Adoption Investigations

Although the development of desirable placement practices is one of the most important factors in the promotion of more satisfactory adoptions, further protection for the child is provided when the State department has direct responsibility for making adoption investigations and reports to the court.

A staff especially qualified for this work is one of the first essentials in the discharge of this responsibility. A competent supervisor of the adoption program can supply the constructive leadership that is so important in the development of satisfactory adoption practices. Even in a State where the number of adoptions is too small to justify the employment of a specialist in adoptions, a degree of specialization can be attained by making a single supervisor responsible for such related activities as developing services for unmarried mothers and supervising child-placing agencies and adoptions.

It is highly important, whatever plan is followed, that the supervisor in charge of adoptions in a State not only be equipped professionally through training and experience but also have good judgment and imagination so that members of the State staff, agency workers, the courts, and others may be stimulated to administer the adoption program of the State in a sound and practical manner.

In some States investigations are made by members of the staff of the State department; in others by local agencies assisting the State department. When a State staff is employed, the selection of qualified persons, as well as satisfactory standards of performance, is the direct responsibility of the State department. Nevertheless, there are certain specific drawbacks when this plan is followed, unless the area covered is compact enough to make all parts of it easily accessible. The worker who comes into a community for the sole purpose of making an adoption investigation is likely to be handicapped at

the outset by the limited amount of time available. In addition, ignorance of the most reliable sources of information may result in a more or less superficial inquiry. Only occasionally can the State worker make more than a single visit to the foster home, and even when the foster parents have been notified there is always the possibility that only one foster parent may be present.

On the other hand, when the investigations are made by a local agency the responsibility of the State department is of a different character. Its duty is then to promote high standards of work and to provide consultant services to the local agency. Uniformity in practice is more difficult to attain if local workers are used, but there are specific advantages in having the investigations made by a person who is well acquainted in the community, who knows the relative value of information obtained, and who can delay a decision about the adoption until several visits have been made to the home.

It should not be necessary to reinvestigate the adoptions of children placed and supervised by authorized agencies, provided the State department is acquainted with the child-placing activities of the agencies. However, the department has a double responsibility for the protection of children in adoptive homes who have not been placed and subsequently supervised by a child-placing agency. The report to the court should not ignore the practical aspects of the situation if the respect and cooperation of the judge are to be retained, but it must provide a basis for granting or rejecting the adoption petition, always with the welfare of the child in mind.

Many puzzling questions must be considered carefully before any recommendation is made to the court. Should a child be permitted the security he can obtain from adoption by a family of which he has long been a part, even though to all outward appearances the family has little to offer? Is the department justified in disapproving an adoption without making an alternate plan for the child? Should the department take the responsibility for making other plans for a child when adoption cannot be approved or refer the matter to a cooperating public or private agency? If the case is referred to another agency for action, should the department be assured that

action has been taken before finally closing the case?

Adoption petitions by relatives frequently are the most difficult of all adoptions coming to the attention of a State department. In the investigation of these cases infinite care must be taken to provide the court with a knowledge of the motives underlying the adoption, of the child's adjustment to the home, and of the attitudes of both the related and the unrelated petitioner to the proceeding. In the Children's Bureau study it was found that the investigations of adoptions by relatives were oftentimes much less comprehensive than investigations in other cases, yet instances were found of stepfathers who wished to adopt in order to gain control of a child's trust fund, grandparents who were petitioning to adopt in order to obtain a settlement from the father of their daughter's child or to triumph over the child's father, and relatives who were adopting from a sense of duty rather than because of any true affection for the child. The welfare of the child is the paramount issue in every adoption, and it is the duty of the State department to make certain that this is not overlooked whether relatives or strangers are the petitioners.

Services to the Courts

A cordial working relationship between the State department and the courts hearing adoption cases is another essential in a well-administered adoption program. The evidences that this had not always been accomplished were all too frequent in the States visited during the Children's Bureau study. As a result State departments were sometimes unduly critical of the courts and the courts were unsympathetic toward the policies and procedures of the State departments.

One of the simplest and most effective means of interpreting to the court the essential aspects of satisfactory adoptions is through the regular reports on individual cases. Each adoption report has distinct educational value and should be prepared with an idea of developing a clearer understanding on the part of the court of the principles involved in adoption. In some of the States visited the reports accompanying a recommendation for disapproval were much more comprehensive than were those accompanying a recommendation for approval. As the number of cases

approved far exceeded the number disapproved, much positive value was lost by this procedure.

The courts may also be made more aware of the importance attached by the State department to adoption, if a representative of the department occasionally attends adoption hearings. Attendance should not be limited to disapproved cases, and it should be understood that the primary interest of the State department is the welfare of the child and that the department is therefore willing to give the court full benefit of any knowledge that it may have. Great care must be taken to organize any material to be presented so that the time of the court will not be taken with unnecessary details.

Personal conferences with individual judges on general policies, legislative needs, and specific legal procedures often result in awakening a hitherto quiescent interest in adoptions. It is important that such conferences be in the hands of a person from the State department who is thoroughly conversant with the adoption law and its administration. From general subjects an opportunity may arise to discuss specific cases, to explain the reasons for the State department's recommendations in certain situations, and to learn more of the philosophy of the court in adoption cases. It is rarely advisable to discuss a pending adoption case with a judge outside of court except at his suggestion, for fear the discussion may be interpreted as an attempt to interfere with judicial prerogatives. The final authority rests with the court—but the court can act more intelligently when it has full details on which to base its decision.

State departments have not recognized fully the advantage of having child-placing agencies assist in interpreting to the courts the standards of satisfactory adoption procedure. A direct report from an agency that has placed a child and supervised him in a home over a period of months or years will do much to acquaint the court with important factors to be considered in an adoption decision. Likewise, the occasional attendance at adoption hearings of a representative from the child-placing agency may give the agency an awareness of problems facing the State welfare department in its relation to the court and a greater tolerance for its administrative procedure.

In a few of the States visited the adoptions sponsored by child-placing agencies were not referred to the State department, and in only one of these States did the statutes require a written report to the court on these cases. In this State no uniform plan had been made for the reports which would satisfy the private agencies, the courts, and the State department. The representatives of the private agencies in two other States made brief oral reports, and the advantage of a written report had apparently not been recognized either by the State department or by the agencies.

It is the responsibility of the State department to take advantage of every opportunity to explain the functioning of the State's adoption program at State and local meetings of the bar association and of meetings of the judges who have jurisdiction over adoptions. The attitude of the court is colored by that of the attorneys appearing before it, and it is therefore important that members of the legal profession understand the policies and procedures of the department.

NEWS

National Probation Association issues yearbook for 1937 "Coping With Crime" is the title of the yearbook of the National Probation Association for 1937 (50 West Fiftieth St., New York, 436 pp.; paper, \$1.25). This volume includes the papers given at the thirty-first annual conference of the National Probation Association, held in Indianapolis in May 1937; a few papers given in section programs of the National Conference of Social Work; papers from the second national conference on coordinating councils, held as a part of the conference of the association; and business and committee reports of the association for the year.

The papers are grouped under the following heads: Community cooperation for social welfare; trends in probation and parole administration; case work with adult and juvenile delinquents; juvenile-court jurisdiction and function; the psychiatric approach; camps for youth; and legal digest, containing legislation and decisions affecting probation and juvenile courts, 1936 and 1937.

The section on Community Cooperation for Social Welfare has been published as a reprint

Summary

The extent to which the States have accepted their full responsibility for services providing adequate protection for the child being adopted is not fully known. There has been little uniformity in the State programs of interpretation and in the leadership given even when specific legislation has made these the duties of a State department. Greater possibilities for education and service were provided recently when several States made it one of the general duties of the department of public welfare to give "protection to the child placed for adoption."

Leadership is far more important than laws, although well-integrated legal provisions are important factors in any State program for child welfare. The State department responsible for adoption is in an excellent position to point out inconsistencies, weaknesses, and omissions in the statutes and to assist in drafting legislative measures that will meet the particular needs of children throughout the State.

Improved placement practices are essential, and the future prevention of unsatisfactory adoptions is dependent on these. Child-placing functions have in the past been confused with child-caring functions, and the attention of State departments has too frequently been focused on institutional aspects of child-care programs.

NOTES

(price 50 cents) by the National Probation Association. This deals with community coordination for the prevention of delinquency and contains the proceedings of the second national conference on coordinating councils.

Summary of 1937 Buffalo Crime Prevention Conference issued

This summary is issued by the Council of Social Agencies, Buffalo, N.Y. (No page numbers; price, 50 cents.) The sessions of the conference dealt with health, community conditions, the family, recreation, religion, the school, and youth in their relation to crime prevention.

A beginning has been made toward developing a continuing program in Buffalo through meetings held since the conference with school principals, through committees that are considering plans of action, and through the addition of the study of crime prevention to the programs of some of the cooperating organizations of the council.

"Crime Prevention" is the title of a summary of the Crime Prevention Conference held in Buffalo in 1937.

*League Advisory
Committee on So-
cial Questions
meets at Geneva*

The 1938 session of the Advisory Committee on Social Questions of the League of Nations opens in Geneva on April 19. The Chief of the Children's Bureau, who is a member of the Advisory Committee, will be represented at the meetings by Elsa Castendyck, Director of the Delinquency Division of the Children's Bureau.

Miss Castendyck has assisted in the preparation of a report which will be considered at

this session, giving a résumé of the extent and character of foster-family care throughout the world. This study includes reports on child placement in industrial communities, emigration, placement in the treatment of delinquency, placement of young children as complementary to institutional care, collaboration between public authority and voluntary effort, and placement under public guardianship. The report also contains summaries of foster-family care in 28 countries, including the United States.



THE ADVISORY COMMITTEE ON TRAINING SCHOOLS

The Advisory Committee on Training Schools for Socially Maladjusted Children¹ met in Washington on April 1, 1938, to review its activities during the past year and to make plans for future work. To the original membership, composed chiefly of superintendents of State training schools for delinquent children, were added a juvenile-court judge and the head of a children's division of a public-welfare department.

When the committee was appointed the Children's Bureau assigned a staff member to work with the committee by visiting a group of training schools to study specific phases of institutional programs, especially cottage life. After this work was started several schools requested advisory service. During the year the field worker visited about 18 schools, 3 for intensive study and the remainder for brief visits or for the purpose of giving advisory service. The committee agreed that the study of cottage life should be extended to a larger number of schools, and that advisory service should be given when requested.

The meeting of the committee as a whole was preceded by meetings on March 31 of the three subcommittees, each of which presented a report with recommendations for the consideration of the entire committee.

The Subcommittee on Informational Service had concerned itself with methods of collecting current data and literature relating to the plans, policies, and growth and development of programs of institutions.

It was agreed by the committee that the training schools should take responsibility for sending information to the Children's Bureau, that the Bureau should function as a central source of information relating to training schools, that it should make information available to the schools and to State agencies, and that it should at an early date publish a directory of training schools.

Interest was displayed in the population data showing ages of children under care of State training schools on January 1, 1938, which the Bureau had assembled at the request of the Subcommittee on Statistics and Records. It was recommended that these data be published and that there be

¹See *The Child*, March-April 1937 (p. 28), for a statement about the appointment and function of this committee.

established in the near future a uniform system of current reporting in as many State Schools as possible.

The committee as a whole placed much emphasis upon the need for the development of closer cooperation and working relationships between the training schools and child-welfare groups. In this connection the Subcommittee on Philosophy and Study had prepared a statement of objectives for training schools and a statement of the place of training schools for socially maladjusted children in a public-welfare program.

Because of their interest to the entire field of child welfare, the two statements are given here.

OBJECTIVES FOR TRAINING SCHOOLS

The function of a training school for socially maladjusted children is to provide for children who, because of conduct and behavior problems, are found on the basis of individual study to be in need of the type of treatment offered by such schools.

The objective shall be to prepare such children to function in society as normally adequate individuals according to their capacities.

The philosophy underlying this statement rests on the acceptance of four basic concepts:

- (1) That the training school will admit only those children who are in need of and who can profit by its services;
- (2) That each member of the staff, which must be adequate in number, will be understanding of, and trained in, or educable in the treatment of socially maladjusted children;
- (3) That the treatment program of the training school will function through a unit which serves to bring in close relationship to each other the physical and mental health services, and the educational, recreational, religious, and case-work facilities; and
- (4) That, in order to provide continuity in the process of rehabilitation, the training school will relate the training and aftercare periods, through cooperation of the services of the school or the appropriate State agency with community agencies.

The actual application of these principles presupposes enabling statutory provisions, adequate plant and equipment, and a treatment program adapted to the needs of individual children.

Statutory Provision

The statutes providing for the establishment of the school, its development, and its maintenance, should be broad enough to allow for the application of modern child-welfare principles.

Plant and Equipment

The grounds and buildings should be adequate, attractively planned, and architecturally sound for the purposes for which they are to be used. The grounds should be cultivated and cared for, and the buildings kept in good repair.

The equipment should be adequate, modern, kept in good repair, and replaced when necessary. The equipment used throughout the institution should be that best suited for the use and training of the children in the school. In the medical, mental-hygiene, educational, recreational, religious, and social-work divisions the directors should select the equipment suitable for the needs of the division for which they are responsible.

The cottages should be attractive, livable, and homelike buildings. They should provide for groups of children not in excess of 30 and preferably not in excess of 20. The floor plan of the cottage should be such as to allow for treatment on the basis of the child's need. The arrangement of the cottage should approximate a family home.

The academic-school building, the vocational building, the recreation buildings, the social-service department, and the chapel should be built or at least remodeled in accordance with the recommendations of skilled experts in these various fields. The equipment should be chosen by experts and should be kept useful and up-to-date through frequent consultation service.

The superintendent and managing board should avail themselves of expert advice on the construction and remodeling of buildings and the selection of equipment.

The appropriate State department should have supervisory responsibility on all matters relating to safety and sanitation.

Treatment Program

The treatment program should be based upon an understanding of the needs of the individual child and adapted to provide adequate physical and mental-health services, and educational, vocational, and spiritual guidance and training. Maintenance and production activities of the school should be developed as training projects insofar as feasible, but exploitation through unsuitable and excessive work by the children in the school should be avoided. The various aspects of the program should function through a central unit which serves as a means of coordination and integration.

THE PLACE OF TRAINING SCHOOLS FOR SOCIALLY MALADJUSTED CHILDREN IN A PUBLIC-WELFARE PROGRAM

Two principles of child welfare, which are generally accepted and which are fundamental to the modern concepts of child care, are pertinent to the work of training schools. They are:

(1) Generally speaking, the best place for a child is in his own home, and there he should remain when it provides care which is approximately adequate.

(2) If, on the basis of careful study and after efforts have been made to make the home a safe and proper place for him, removal from his own home is necessary, he should be given the type of care suited for his individual needs.

In considering the most effective means of providing opportunity for the retraining of socially maladjusted children, it can be said that such services should be an integral part of a public-welfare program for the following reasons:

(1) The care provided should be in line with the needs of the individual child, be it for foster-family or institutional care. Greater facility is assured in the selection of the type of care needed if the resources for institutional and foster-family care are administered in one department.

(2) Granted that the child needs care in a training school, the behavior and conduct which warrant this treatment are usually the result of home or community influences. There is a greater possibility of cooperative welfare services on both a county and a State level if the training

school is an integral part of the welfare program. Such cooperation should result in closer working relations with the local welfare unit, thus affording a wider range of opportunities for increased knowledge of the basic causes of the child's problems and, through the efforts of the local unit and the aftercare department of the school, for preparing the family for the return of the child and his reabsorption into home and community activities.

(3) Of equal importance is the fact that children change and develop during childhood years. All the resources of a State department should be available to children who at one time may need supervision in their own homes and later may need institutional training, substitute parental home, or long-time hospitalization. In order to provide flexibility the services should be included in the department having responsibility for all types of care for children.

(4) The child in the training school should receive the best possible medical and mental-hygiene services and recreational, academic, vocational, and religious training. Uniformly high standards of care should result from supervision and consultation of a public-welfare department having State-wide resources and a trained and qualified staff.

(5) Training schools for the socially maladjusted child serve to educate and help the child so that when he returns to community life he may make the best possible social adjustment. Since the schools are dealing with children whose conduct and personalities are still modifiable and are influenced by the spirit of the school, it is imperative that the schools should not partake of a punitive and penal atmosphere. Inclusion in a child-welfare department rather than a department of corrections makes for a spirit free from repression and offers opportunities for social growth.

Furthermore, for purposes of study and research, training schools should avail themselves, wherever possible, of the services provided by public or private agencies in the child-welfare field as affording a comprehensive and constructive approach to the problems of the children and youth with whom the training schools deal, not associated with concepts of crime, punishment, and repression.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

COMMENTS FROM STATE HEALTH OFFICERS ON RESOURCES FOR MATERNAL CARE

In the January 1938 issue of *The Child* a summary was given of the answers to the questionnaire regarding facilities and resources for maternal care sent by the Children's Bureau to State and Territorial health officers.

The comments that accompanied the answers to the questionnaire tell their own story and clearly portray some of the many problems that must be faced in the maternal-care program.

From one State comes the following picture of the rural situation:

The problem in some of the rural counties, especially those affected by the drought, is that there are so many people who do not have cars and cannot afford to go to the various centers for maternal care and hospitalization It is difficult to reach the main highway from the outlying districts--these county roads are often very poor and almost impassable in bad weather.

The problem in these areas is, after all, an economic problem It seems deplorable that 13 counties have less than 1 physician per 2,000 population, but even this one physician is barely making a living, and would not be making a living now if it were not for the fact that he is receiving a certain amount of tax funds for serving the community as county physician and county health officer. In these counties, the people who have no money go to him, and those who have money go to the nearest large town where there is a specialist.

Other comments emphasize particular problems, such as lack of funds for maternal care, especially among marginal families not on relief and among rural Negroes; lack of qualified physicians, of nursing services, and of hospital facilities for maternal care; long distances to be traveled by doctors and nurses to rural patients or by the patients to a hospital. These comments have been grouped somewhat arbitrarily, as many of them describe a complicated situation with multiple problems.

Hospital Facilities Inadequate

Prenatal clinics have been established in 15 counties, but provision for delivery and postpartum care has not yet been established

. . . The great need is to have assurance that the hospitals are equipped to do proper work, and that they have available adequately trained staff members.

There is no space for the isolation of infants with infections. There is only one small 2-bed room for febrile maternity patients. . . .

No hospital obstetric service is available to rural colored population of 14,000.

Throughout the smaller towns in the State many expectant mothers come in from the country to board at maternity homes for a time before delivery and stay there for confinement. There are no regulations governing the operation of such homes. One woman who recently opened a small maternity home had never seen a delivery before her first patient came.

Physicians Not Available

At the present time 21 percent of the mothers in this State cannot hope to have the services of a licensed physician. The alternative is a midwife, for the most part untrained and ignorant.

. . . . Young physicians do not settle in country places.

Most of the mothers have no prenatal care and do not even see a doctor until they are in labor.

There must be a large number of births without a doctor or nurse being present, largely because of the long distances that exist between the doctor and patient. Many of these cases are given care by kindly neighbor women.

Nursing Service Not Available

. . . . Moreover, it is a matter of concern that there is no nursing service available for students doing home deliveries.

. . . The greatest needs seem to be for increased nursing service for bedside deliveries and for prenatal and postnatal care.

Funds Insufficient

Negro sharecroppers in a cotton county receive little or no maternity care . . . No city or county hospital. . . . Father delivered his wife of three children and assisted neighbor--both mothers practically invalids as a result. . . . What use is it for nurses to recommend medical care when it cannot be obtained? Most physicians have gone beyond call of duty in rendering services, but funds must be made available for care if infant and maternal mortality rates are to be lowered.

Actually there is a fairly large percent of direct relief cases hospitalized, but there is very little provision for work-relief families and border-line families who cannot pay for their own medical care.

. . . Public facilities are available only to relief clients. The marginal family is in need and receives little or no help. Some way should be found to cover this gap in service which involves a larger base than the relief recipients.

The cost of hospitalization is prohibitive to low-income group--thus most cases are denied hospitalization.

. . . The actual confinement care could be supplied through the hospitals now built and in use if there were available a fund to subsidize those cases and provide for their entire care. . .

In most county hospitals there is no general allotment for maternity beds, and usually there are no special rooms for deliveries.

Long Distances To Be Traveled

Our public-health nurses travel many miles from patients to county hospitals in an oft-times

vain effort to secure medical service for prenatal cases.

Many persons in eastern and mountainous districts are 100-200 miles from any hospital facilities. Limited number of beds available for obstetric cases.

A case was called to my attention a short time ago in which a patient was taken 75 miles after forceps had been tried.

The case reports as given by the public-health nurses indicate the difficulties they encounter in their attempts to obtain adequate prenatal care for women. These difficulties are due to the ignorance of the women, the lack of facilities for care or resources to pay for care, and the failure of some physicians to recognize the importance of prenatal care.

APRIL CONFERENCES AT THE CHILDREN'S BUREAU

A series of conferences was held by the Children's Bureau during the early part of April in connection with the social-security program for children.

CONFERENCE ON CRIPPLED CHILDREN'S SERVICES

On April 6 and 7 the Children's Bureau held a conference on crippled children's services with representatives of the State agencies. There were 93 persons registered at the conference. Forty-four States, Alaska, Hawaii, and the District of Columbia were represented. Forty of the State directors of crippled children's services were in attendance. Professional persons attending the conference included orthopedic surgeons, public-health nurses, medical social workers, physical-therapy technicians, and welfare workers.

The program was centered about the subject, "Needs of the Crippled Child," and various aspects of this problem were discussed, such as (1) finding the crippled child, (2) determining the needs of the crippled child, and (3) meeting the needs of the crippled child. These topics were presented by various State directors and by several guest speakers, including Elizabeth Bissell, Director of the Children's Mission, Boston, Mass., and R. C. Thompson, Supervisor of Vocational Rehabilitation,

Department of Education, Baltimore, Md. On the second evening, the conference was addressed by Dr. James P. Leake, of the United States Public Health Service, on the subject of poliomyelitis, and by Dr. Winthrop Phelps, Medical Director of the Babbitt Hospital of Vineland, N. J., on the care and treatment of children with cerebral palsy. Motion pictures portraying several phases of the work with crippled children were also shown at the evening session.

CONFERENCE OF STATE CHILD-WELFARE SERVICES

A conference on State child-welfare services was held at the Children's Bureau April 4-6 for State officials engaged in administering the child-welfare provisions of the Social Security Act. There were present 112 persons representing public welfare and child welfare service activities in 44 States and the District of Columbia.

The conference was opened by the Chief of the Children's Bureau, who outlined the development of the philosophy underlying the Federal program for child-welfare services, and pointed out that one of the next steps in many of the States should be the serious consideration of the broad outlines of a State welfare program and of the extent to which

the State may contribute to such a program most effectively in terms not only of money, but also of leadership.

The Secretary of Labor in greeting members of the conference commented on their approach to the problems of community activity as the very key to an understanding of the fact that programs must be adapted to the needs of individual communities.

A dinner was given on April 4, with David C. Adie, Commissioner of Social Welfare, State of New York, and James S. Plant, M.D., Director of the Essex County (N.J.) Juvenile Clinic, as speakers. Members of the Special Advisory Committee on Community Child-Welfare Services held a meeting on April 5 at which Mary Irene Atkinson, Director of the Child-Welfare Division of the Children's Bureau, gave a report of progress in the child-welfare services.

In addition to representatives of the State and local child-welfare services, speakers at the conference included Jane M. Hoey, Director, Public Assistance Division, Social Security Board; Dr. Howard B. Mettel, Chief, Bureau of Maternal and Child Health, Indiana State Board of Health; Dr. George H. Preston, Commissioner of Mental Hygiene, Maryland; and Jacob Kepecs, Executive Director, Jewish Children's Bureau of Chicago.

CONFERENCE OF STATE AND TERRITORIAL HEALTH OFFICERS

A conference of the State and Territorial Health Officers, called by the Chief of the Children's Bureau, met in Washington on April 8, 1938.

At the morning session Dr. Edwin F. Daily, Director of the Maternal and Child-Health Division of the Children's Bureau, reported on progress made throughout the country in maternal and child-health services during the fiscal year 1937. He also pointed out some of the more important trends in type of programs that are being planned in the various States.

Dr. Felix J. Underwood, Chairman of the Committee on Maternal and Child Health of the State and Territorial Health Officers and of the Child-Hygiene Committee of the State and Provincial Health Authorities of North America, read a joint report of the two committees making several recommendations concerning qualifications of personnel, which were adopted by the conference.

At the afternoon session, Dr. Robert C. Hood, Director of the Crippled Children's Division of the Children's Bureau, presented a brief summary of activities during the past year and of progress that has been made by the State agencies in conducting their programs for crippled children.

In connection with difficulties that have arisen in providing care for crippled children moving from State to State, a recommendation was made by the State and Territorial Health Officers that it is highly desirable for the States and Territories, with the assistance of the Children's Bureau, to arrange reciprocal agreements in regard to the proper care of all crippled children. This recommendation was referred to the Committee on Interstate Problems of the State and Territorial Health Officers.



ESSENTIALS FOR A WELL-ROUNDED SCHOOL-HEALTH PROGRAM

Ed. note.--Excerpts from a paper given by Harold M. Mitchell, M.D., District Health Officer, New York City Department of Health, and discussion by Hortense Hilbert, R.N., Public Health Nursing Consultant, U. S. Children's Bureau, at Conference of State Directors of Maternal and Child Health with the Children's Bureau, September 30 and October 1, 1937.

DR. MITCHELL: In regard to statistics, I do not know any better advice for those who are starting a State program than the advice to avoid the error of collecting more statistics than can be assimilated and interpreted. When the staff is available one of the first things attempted by many State officials is to try to supervise local programs by counting physical defects, by computing percentages, and by tabulating the percentage of defects corrected. Such statistics are futile and often interfere with a sound development of local programs.

As to the scope and possibilities of a school health program, the point of view that I would present to local workers has been well expressed by Drs. Bauer, Smiley, Rogers, and others.

Dr. D.F. Smiley, for instance, in "An Approach to the Problem of School Medical and Dental Service," published in the February 6, 1937, *Journal of the American Medical Association*, places emphasis on the observations that the teacher can be trained to make. He claims that for the physician to attempt to take over the full responsibility for health examination, individual advice, and in some places even for medical treatment of defects, is not practical because it attempts too much.

Dr. James Frederick Rogers in a historical review of school health service that appeared in the *Journal of the American Medical Association* for September 11, 1937, stated: "It is not educational and it is a waste of time to attempt to do too much; and we need to be conservative in our conclusions and persistent in getting something done about them." Dr. Rogers has stated his views also in "School Medical Inspection in the United States of America," a paper that appeared in the quarterly bulletin of the Health Organization of the League of Nations.

Dr. W.W. Bauer's point of view about a school health program can be found in "The Health of the

School Child," reprinted from *Education* for December 1933. The White House Conference Report of the Committee on the School Child, "The School Health Program," presents the broad scope of the program in the schools, and the Report from the Medical Service, Section I, "Growth and Development of the Child," part IV, gives a standard for appraisal and individual guidance in the care of the child that may be regarded as an optimal service or a goal. In "Physical Defects--The Pathway to Correction," now available from the American Public Health Association, the student of our problem will certainly find an analysis of a program that will suggest procedures for improving the services for children with physical defects.

In proposing a minimum service I would prefer to start with the examination of children selected by the nurse and teacher in order to give the physician more time to get the significant points of the medical history and to study his cases before the nurse starts the aftercare. With routine examination of every child the nurse often gets swamped with more follow-up than she can handle. I would then suggest the following:

1. Preparation of mimeographed material for the teacher on observations that she can make in regard to the health conditions of her pupils.
2. Demonstrations and group and individual conferences with the teacher by a competent nurse.
3. Examination by a physician of the children selected by the teachers and the nurse as being likely to have defects.
4. Thorough follow-up by the nurse of all the cases clearly in need of medical attention.
5. A personal letter to the parents to invite them to the school when the doctor is to examine a child selected by the teacher and the nurse as needing medical attention, and specific advice to the parents regarding the use of the community medical resources.
6. Explanation by the physician to the nurse of what should be told to the parents when the parents do not come to the school at the time of the examination.

An important step that is often omitted is planning with the help of the practicing physicians, the medical society, the hospital staff, and the relief agencies, for treatment facilities for children whose parents cannot afford to go to private physicians.

As for health education, it is still the "yellow dog" of the curriculum, and every State director must continue to promote the idea of having full-time health-education supervisors who work with the teachers rather than teach the children. This means close working relations with the department of education and a real conscience about urging a well-rounded program.

MISS HILBERT: There has been a tendency among educators and health workers alike, during the last few years, to suspect that many of the practices established as part of the routine of a health program for school children may now be outmoded and unproductive, not to say uneconomical and impractical. Public-health nurses, because they have been involved in such programs in greater numbers than have other types of personnel, have been made parties, so to speak, to activities that consumed the largest proportion of their time with the least productive effects. The public-health nurse should not permit administrative circumstances to restrict her outlook on the total family-health service. The school nurse must know as much about public-health nursing in general as if she were actually giving a generalized family service or any single type or combination of types of service in the family.

The school nursing program seems to have revolved largely about five definite motifs:

1. Nursing assistance with medical examinations, intended to reveal conditions of health among school children that may be a handicap to progress in school.
2. "Nurse inspections" where medical examinations were not available.
3. Arrangements for securing correction of health defects among school children.
4. Assistance with communicable disease control measures.
5. Treatment of minor injuries, skin diseases, and so forth, in the school.

In connection with the medical examinations, emphasis on having parents present is the important consideration. Otherwise, the nurse tends to become an overworked interpreter or messenger (mostly of bad news) between school physician and parents.

Assistance to parents and teachers in the observation of health conditions in the children under their immediate care might well be substituted for endless "nurse inspections."

Securing medical care for all children who need it presupposes social and economic resources that enable all parents to arrange for such care and to arrange for it without too great difficulty. Apathy, indolence, or indifference of parents has, I believe, a definite economic-social basis and is not usually parental neglect per se.

In the control of communicable diseases the efforts of the school nurse should be directed toward making parents and teachers more aware of signs of these diseases, the importance of isolation and adequate medical care during the course of the illness, and the importance of immunization.

Treatment of minor injuries, skin diseases, and so forth, in schools is a matter between the family and the family physician or clinic, rather than the responsibility of the school, and public health nursing practices should be planned accordingly.

Health education I can only regard as an intrinsic part of every service given by the public-health nurse to the child of school age and his family—not as a separate entity.

If public-health nurses, with the help and support of health and school administrators, can make these changes in emphasis from time-consuming, highly routinized mass practices, they not only will be liberated for more essential individualized services of a preventive, educational nature for mothers and younger children, but will also be giving a service of better quality to children of school age.



TWO CHILD-WELFARE PLANS APPROVED

Plans for child-welfare services for Mississippi and Rhode Island have recently been approved, Mississippi for the period February 15-June 30, 1938, and Rhode Island for the period March 1 - June 30, 1938. The initiation of this program in Mississippi is particularly significant in view of the fact that the State Department of Public Welfare has no authority for care and protection of dependent and neglected children other than the Enabling Act of 1936, which enables the State Department of Public

Welfare to cooperate with the United States Children's Bureau in the administration of title V, part 3, of the Social Security Act. The development of a program of child-welfare services may well be a demonstration not only of the need for local services in rural areas but also of the need for State-wide services for the care and protection of dependent and neglected children.

Child-welfare plans are now in operation in a total of 46 States, Alaska, Hawaii, and the District of Columbia.

NEW CHILD-WELFARE UNIT

The following cartoon and editorial appeared in the *Sunday Courier-Times-Telegraph*, Tyler, Tex.,

BLESSED EVENT IN THE SMITH FAMILY



Tyler, Smith County, Texas

in connection with the establishment of a child-welfare unit in Smith County under the State plan for child-welfare services under the Social Security Act, in January 1938.

Selection of a creditable board means that the Smith County child-welfare unit--long a local goal--is near realization.

The county commissioners' court and the city commission, which are financing the unit in cooperation with State and Federal authorities under the social-security program, have named seven appointees to administer the unit's affairs.

In charge will be a trained child-welfare worker, supplied by the State.

The need for such a program, to care for orphans, to protect children who are victims of broken homes, to curb delinquency, and to prevent child exploitation long has been manifest.

While additional public expenditures are most unpopular at this time, the Tyler-Smith County program is benefiting from newly extended Federal-State aid. The local unit will be the fourth in the State and the experience of the others attests the value of this investment in childhood.

Eventual expansion of the program on a co-ordinated, State-wide basis will mean that Texas is to have fewer charges in her orphanages and corrective institutions and will boast an improved citizenship.

MATERNAL, INFANT, AND CHILD HEALTH

NOTES ON CURRENT STUDIES OF THE DIVISION OF RESEARCH IN CHILD DEVELOPMENT

By ETHEL C. DUNHAM, M.D., DIRECTOR

The Division of Research in Child Development is concerned with research in the fields of health, growth, and development (physical and mental) of infants and children; maternal and infant morbidity and mortality; and maternal and child care, as related to social, economic, and medical factors; and educational programs in these special fields.

Some of these studies now in progress or recently completed are the following:

Neonatal and Maternal Deaths, District of Columbia A study of all neonatal deaths (deaths under 1 month) in the District of Columbia during 1935 has been completed. This study was made in cooperation with the Health Department, the Medical Society, and all the hospitals. Its object was to determine the causes of the high neonatal death rate (37 per 1,000 live births in 1935) in the District of Columbia and to attempt to point out ways by which it could be reduced. The report is being prepared for publication.

Because of the high maternal mortality rate in the District of Columbia (69 per 10,000 live births in 1936) the Division of Research in Child Development is cooperating with the Maternal Welfare Committee of the Medical Society and with the Health Department of the District of Columbia in making a current study of maternal deaths. The work was begun in June 1937 and is planned to continue for about 5 years.

Prematurely Born Infants The present high mortality among prematurely born infants in the United States constitutes an important part of the general problem of infant mortality. At least half the deaths of infants in the first year occur in the first month of life, and of these nearly half are caused by premature birth.

The Division has, therefore, undertaken a series of studies of prematurely born infants. Such studies were conducted in the Johns Hopkins Hospital, Baltimore, in 1936-37 dealing with causes

of morbidity and mortality; growth and development; relation of development of centers of ossification of the bones of the extremities to fetal maturity; and the value of quantitative Wassermann tests of the blood in the diagnosis of congenital syphilis. In cooperation with the Pediatric Department of New York Hospital, Cornell University, another series of studies is being made of the metabolism of premature infants basic for determining standards for feeding and care of these infants.

Physical Fitness of School Children An investigation of the physical condition, nutritional status, and growth of approximately 1,000 6-year-old children living in New Haven, Conn., has been completed by the Division. Analysis of data is in progress.

Rickets Continuing a series of rickets studies begun in 1922, the Division is now cooperating in a study of infants at Johns Hopkins Hospital to determine the earliest signs of rickets through correlation of X-ray and pathological examinations of the bones.

Health Survey As part of a health survey of the District of Columbia made by the United States Public Health Service, the Children's Bureau completed in February 1938 a survey of health facilities for mothers, infants, and preschool children. The report of the survey will include a summary of the general trend of live-birth and stillbirth rates and of infant and maternal mortality, activities of the Health Department, hospitals and clinics, and other agencies dealing with mothers and children. Present health facilities are compared with those shown in three health surveys made in the District of Columbia between 1926 and 1929.

In connection with the recent survey the medical social workers of the Bureau staff are preparing a report of the social needs of sick persons in relation to their medical care. The services studied comprise the 13 medical social-service departments in hospitals admitting patients from the District of Columbia, the clinics conducted by the Health Department, and the Medical Economic Security Administration.

Causes of Stillbirth This study was undertaken jointly by the Division of Research in Child Development and the Division of Statistical Research because of the large number of

stillbirths. Approximately 75,000 stillbirths are registered each year in the United States, although it is well known that registration is incomplete. Moreover, the stillbirth rate has not decreased appreciably in recent years.

Records of 6,750 stillbirths of 20 weeks or more gestation were received from 229 cooperating hospitals situated in 25 States and the District of Columbia. The data are now being analyzed. It is believed that as a result of this study recommendations can ultimately be made for reducing the high mortality from stillbirth and for preparing a satisfactory classification of causes of stillbirth and rules for assignment of cause.

NEWS AND READING NOTES

National Health Council elects officers The election of Ira V. Hiscock, Professor of Public Health in the Yale University School of Medicine, as president of the National Health Council for 1938 was announced in March. Professor Hiscock succeeds Dr. Donald B. Armstrong of the Metropolitan Life Insurance Company. Other newly elected officers of the National Health Council are Dr. Walter Clarke, vice president; Dorothy Deming, secretary; Frederick Osborn, treasurer.

The National Health Council now has 13 active member agencies, most of which are national organizations. The United States Children's Bureau and United States Public Health Service are advisory members of the council. The library of the council contains more than 6,000 volumes dealing with public health, sanitation, hygiene, and related subjects, and more than 500 medical and educational periodicals from all parts of the world. (*Announcement of National Health Council, 50 West Fifth St., New York.*)

Health education material available The American Association for Health and Physical Education, a department of the National Education Association, has had compiled for it a revised list of free or inexpensive pamphlets, entitled "Health Education Material for Teachers" (published by National Tuberculosis Association, 50 West Fifth St., New York, 1938). The folder

contains titles of many recent publications on healthful school living, health service, health instruction, teachers' problems with exceptional children, and safety and accident prevention.

The Massachusetts Department of Public Health has for distribution a mimeographed list, "Sources of Health-Education Materials." A summary is given of the kinds of material available from each agency. This list can be obtained from the Division of Child Hygiene, State Department of Public Health (Boston, 1938, 10 pp.).

American Medical Association pamphlets "What Does Your Baby Put in His Mouth?" refers, not to food, but to safety pins, beads, small toys, and other objects that lead to serious trouble when aspirated. The pamphlet is by Chevalier Jackson and Chevalier L. Jackson and is published by the American Medical Association (535 North Dearborn St., Chicago, 1937, 22 pp., 20 cents).

Other recent publications of the American Medical Association include "Bad Habits in Good Babies," a reprint of a group of articles appearing in *Hygeia* from August to December 1937 (16 pp., 15 cents); and "The Truth About Candy," by Dr. Morris Fishbein, reprinted from *Hygeia*, December 1937 (4 pp., 5 cents).

*International
broadcast on
rheumatic
heart disease*

Physicians in England and the United States will confer by radio on problems of rheumatic heart disease in children in an international broadcast on May 2 at 6:30 p.m., Eastern standard time. The conference was conceived by workers at Irvington House, Irvington-on-Hudson, N.Y., a sanatorium for the care of children with heart disease. The American Heart Association has arranged for the broadcasts to be heard over the red network of the National Broadcasting Company, as part of the observance of National Child Health Day.

Lord Thomas Jeeves Horder, Physician-in-ordinary to the King of England, will open the conference, speaking from London on the public-health aspects of rheumatic heart disease. Dr. William J. Kerr, speaking from San Francisco, will describe the work of the American Heart Association, of which he is president. Broadcasting from Atlantic City, N.J., where the American Society for Clinical Investigation will be in session, Dr. Homer F. Swift of the Rockefeller Institute, New York, will discuss medical investigations being carried on to isolate the cause of the disease. Dr. T. Duckett Jones, of the House of the Good Samaritan, Boston, also speaking from Atlantic City, will close the conference with an account of the treatment of children with crippled hearts. (*Statement from American Heart Association, 50 West Fiftieth St., New York.*)

*New forms for live-
birth and stillbirth
certificates adopted
in New York City*

The City of New York Department of Health has adopted new forms of certificates for live births and for stillbirths, which will give the detailed medical information indispensable in any effort to prevent unnecessary deaths at or near birth.

The face of the certificates for live births and for stillbirths is identical and is practically the same as in previous years. It is devoted to necessary identifying data such as name, address, sex, color, place of birth, and so forth. This is the only part of either certificate from which transcripts are made.

On the back of both the live-birth and the stillbirth certificate the physician or other attendant at birth is required to give important medical data which are held confidential. The questions include information as to the period of gestation; the length and weight of the infant at birth; whether the pregnancy was normal and, if not, in what particular it was abnormal; whether a serological test for syphilis was made during pregnancy and, if so, its result. The duration of labor is asked for, whether it was induced and, if so, the method of induction. It is asked whether the delivery was operative and, if so, the indication for the operation and the operative procedure are to be stated.

On the back of the stillbirth certificate it is also asked whether the fetal death occurred before or during labor, or before or during operation; whether the fetus was macerated, whether an autopsy was performed and, if so, by whom. Finally, the cause of death is to be stated and whether it was determined in the fetus or in the mother.

These changes have received the approval of the various medical groups in New York City. They are in accord with the recommendations of the Subcommittee on Stillbirths of the American Public Health Association and with the recommendations of the American Committee on Maternal Welfare. (*Quarterly Bulletin, City of New York Department of Health, February 1938, pp. 28-30.*)

*Health Section
Report of World
Federation of
Education Asso-
ciations published*

Rural health is given special emphasis in the Health Section Report of the World Federation of Education Associations, Seventh Biennial Conference, held in Tokyo, Japan, in August 1937 (Health Section Secretariat, 200 Fifth Ave., New York, 1938, 242 pp. \$1).

Child-health problems and services, and methods of health education in many different countries are described by representatives of Australia, Canada, China, Czechoslovakia, Egypt, England and Wales, Finland, France, Greece, Hawaii, India, Italy, Japan, the Philippines, Poland, and the United States.

BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

DATA ON THE GROWTH OF PUBLIC-SCHOOL CHILDREN, by Walter F. Dearborn, John W. M. Rothney, and Frank K. Shuttleworth. Monographs of the Society for Research in Child Development, vol. III, no. 1. Society for Research in Child Development, National Research Council, Washington, 1938. 136 pp.

This monograph presents the detail of repeated physical and mental measurements of 747 boys and 806 girls whose records form a part of the Harvard growth study. Ages at time of initial measurements range from 5.2 to 12.5, while ages at time of final measurements range from 11.1 to 21.5 years. On these 1,553 cases there are reported 155,791 physical measurements and 33,837 mental ages obtained from group and individual intelligence tests. Supplemental data include sex, date of birth, city, ethnic stock, socio-economic status, and ages at time of measurement. These data represent the basis of the objective measurements on children in the Harvard growth study who were followed over long periods of time. The monograph also contains an annotated bibliography on the studies which have been made by various students and investigators during the course of the investigation.

REVISION OF BIRTH, DEATH, AND STILLBIRTH CERTIFICATES; a brief report by the Subcommittee on Causes of Maternal, Fetal, and Neonatal Death of the American Committee on Maternal Welfare. *American Journal of Obstetrics and Gynecology*, vol. 35, no. 2 (February 1938), pp. 332-337.

The Subcommittee on Causes of Maternal, Fetal, and Neonatal Death, appointed by the American Committee on Maternal Welfare in April 1937, submitted a report on certain aspects of these problems, which was accepted and approved by the American Committee on Maternal Welfare in September 1937. The subcommittee is composed of Robert L. DeNormandie, M.D., chairman; George W. Kosmak, M.D.; Philip F. Williams, M.D., and Elizabeth C. Tandy, Sc.D.

The report includes recommendations on: (1) Revision of standard birth certificate, (2) revision of the rule with respect to mention of childbirth on death certificate, (3) revision of standard death certificate, (4) revision of the classi-

fication of the causes of maternal death directly due to pregnancy, labor, and the puerperium, and (5) supplementary tabulations by the Bureau of the Census. It includes a list of terms now used in certifying cause of maternal deaths, which fail to give information on cause of death.

THE COMPLETE PEDIATRICIAN, by Wilburt C. Davison, M.D. Second edition. University Press, Durham, N.C. 1938. 250 pp. and index.

"The Complete Pediatrician" is a compendium of pediatric knowledge presented from the standpoint of symptom diagnosis. The book is divided into several sections in which are given symptoms produced by pathology in the various organ systems, and brief descriptions of the chief diseases of these organs and their treatment. Brevity, a broad range of subject matter, and a good index make it a handy reference book for one who wants to refresh his memory quickly. The book should find its greatest usefulness in the hands of a physician who has a background of pediatric knowledge.

THE FOUNDATIONS OF NUTRITION, by Mary Swartz Rose, Ph.D. Third edition. Macmillan Co., New York, 1938. 625 pp. \$3.50.

The additional space gained by increasing the size of the pages in the third edition of this standard work is given over primarily to consideration of recent additions to the knowledge of each dietary essential and of human requirements for it. The marked increase in quantitative data on the vitamin content of foods has necessitated the complete revision of all tables and dietaries. The author points out, however, that "... in the main the researches of the past 5 years have served only to establish more firmly the foundations of nutrition as originally outlined in 1927" (the date of the first edition). The aim of the book is still "to present within a small space some of the fundamental principles of human nutrition in terms which call for no highly specialized training in those natural sciences upon which the science of nutrition rests."

CHILD LABOR

National Labor-Standards Committee created

The formation of a National Labor-Standards Committee to represent the citizens' point of view on questions of Federal labor legislation has been announced. George J. Burke, of Ann Arbor, Mich., an attorney, is chairman of the committee; Grace Abbott, vice-chairman; Mary Dublin, of the National Consumers' League, secretary; and Frieda S. Miller, of the New York State Department of Labor, treasurer. Approximately 300 outstanding citizens have already joined the committee.

Kansas and Kentucky decisions to be reviewed

Petitions have been filed for review by the Supreme Court of the United States of the decisions rendered by the Supreme Court of Kansas and by the Court of Appeals of Kentucky in regard to the legality of the action of the legislatures of those States in ratifying the child-labor amendment to the United States Constitution.

The Court has taken jurisdiction in these cases and a joint hearing is scheduled for the October term of court.

BOOK AND PERIODICAL NOTES

Report of Advisory Committee on Education now available

The report of the Advisory Committee on Education has been printed under date of February 1938 and is for sale by the Superintendent of Documents (Washington, 1938, 243 pp.; price (paper), 35 cents). This report was reviewed in *The Child* for February 1938. The printed report includes a subject index.

American Youth Commission announces new publication

The American Youth Commission announces for publication in May a study of the conditions and attitudes of young people in Maryland (Youth Tell Their Story, by Howard M. Bell, Washington, 1938, 275 pp., \$1.50). This study presents the results of a survey of the conditions and attitudes of 13,500 young persons 16 to 24 years of age.

The Woman Worker

With the January 1938 issue, the news letter published in mimeographed form by the Women's Bureau of the United States Department of Labor for the past 17 years, is transformed into a printed publication under the title, *The Woman Worker* (vol. 18, no. 1, Washington, 1938, 16 pp.). At present *The Woman Worker* will be issued bimonthly. A year's subscription can be obtained from the Superintendent of Documents, Government Printing Office, Washington, D.C., for 25 cents.

The Woman Worker, like the news letter which it replaces, will carry news of importance to State and local labor officials, trade unions,

women's clubs, and all others interested in the rapidly changing status of the woman wage earner.

WAGES, EMPLOYMENT CONDITIONS, AND WELFARE OF SUGAR-BEET LABORERS, by Elizabeth S. Johnson. *Monthly Labor Review*, vol. 46, no. 2 (February 1938), pp. 322-340. Single copies of reprints available from the Children's Bureau while the supply lasts.

Data from the Children's Bureau survey of sugar-beet labor in 1935, the full report of which is in preparation, are given in this article, as well as information from other sources. Government benefits to growers, the labor-contract system, child labor and school attendance, acreage and duration of work, and wage rates are discussed.

THE RELATIONSHIP BETWEEN SCHOOL DROP-OUTS AND BOY TRANSCENCY, by George E. Outland. *Educational Administration and Supervision*, November 1937, pp. 612-621. Reprints can be obtained from the author, 1727 Prospect Ave., Santa Barbara, Calif.

Of 3,352 boys 16 to 20 years of age, inclusive, who registered at the Los Angeles office of the Federal Transient Service during the year August 1, 1934 - July 31, 1935, nearly one-third had dropped out of school before the end of the compulsory school-attendance period in the States where they lived. The percentage of boys who left school before the age of 14 years was 5.8, compared with an average of 4.7 percent for all school children in the United States. Most of the boys did not go on the road until they had been out of school for several months at least.

GENERAL CHILD WELFARE

Russell Sage Foundation announces study in social-work interpretation

A study of current positions in interpretation and public relations in social and health agencies in the United States is being made by the Department of Social-Work Interpretation of the Russell Sage Foundation (130 East Twenty-second St., New York). This study aims to discover the number of positions in interpretation and public relations and their distribution by geographical location and by field of work; the responsibilities and duties of persons holding these positions; the preparation required; and the salaries paid.

The study as a whole will continue throughout 1938. It is hoped, however, that a preliminary report of the census of positions can be presented in June at the annual meeting of the Social Work Publicity Council in Seattle. The census is being made by means of a questionnaire distributed with the cooperation of a group of national agencies. (*Announcement by Russell Sage Foundation, March 2, 1938.*)

Montevideo dedicates statue to Dr. Luis Norquie

A monument dedicated to the memory of Dr. Luis Morquio, former Director of the International American Institute for the Protection of Childhood was unveiled in Montevideo, Uruguay, on January 28, 1938.

The Chief of the Children's Bureau, who is a member of the Council of the Institute, was requested by the President of Uruguay to designate someone to represent her at the dedication ceremony. Leslie E. Reed, American Chargé d'Affaires ad interim at Montevideo, was designated to attend the dedication as Miss Lenroot's representative.

Mr. Reed's report, submitted to the Secretary of State at Washington, D. C., states that the ceremony took place during the South American Conference on Medicine and Surgery, and was attended by many members of the medical profession. Addresses were delivered by many distinguished persons, and the participation of the United States Government was duly reported in the press. (*Official correspondence.*)

BOOK AND PERIODICAL NOTES

SONGS FOR THE NURSERY SCHOOL, by Laura Pendleton MacCarteney. Willis Music Co., Cincinnati, Ohio, 1937. 118 pp.

This volume contains more than 150 songs--folk tunes, original songs, and familiar nursery rhymes--arranged for children of preschool age. The words of the songs are about objects familiar to children--boats, trains, airplanes, animals, rain, and snow. A suggestion for dramatization is given with each song. It is a book that could be used as well in the home as in the nursery school.

THE WISE CHOICE OF TOYS, by Ethel Kavin. Second edition. University of Chicago Press, Chicago, 1938. 154 pp. \$1.50.

The first edition of this book was published in 1934. The usefulness of the new edition is increased by the addition of material on toys suitable for children of different ages from birth to adolescence (chapter 4), and on toys for children with special needs (chapter 10). The needs considered are those of convalescent children; children with cardiac impairment, defective hearing,

or defective vision; children with spastic paralysis; and children presenting behavior or personality problems.

YOUTH AT THE WHEEL; a reference book on safe driving, by John J. Floherty. J. B. Lippincott, Philadelphia, 1937. 154 pp. \$1.75.

The author, an experienced and popular writer for juveniles, points out that drivers under the age of 20 are the most dangerous drivers on the American highways, according to accident records. This book is intended not to make young drivers danger-conscious but rather to instill into them a deep safety consciousness that shall influence their judgment and their acts while they are at the wheel.

The subjects considered include mechanics of the automobile, psychology of the driver, rules of the highway, and special hazards such as skidding, carbon monoxide, and fog.

OF CURRENT INTEREST

Twenty-fifth anniversary of Department of Labor observed

Approximately 1,200 persons attended the banquet in honor of the Twenty-fifth Anniversary of the United States Department of Labor. The banquet took place at the Mayflower Hotel on March 3, 1938. The speakers were Senator Wagner, William Green, Henry I. Harriman, Charles P. Howard, and D. P. Robertson. The entertainment included excerpts from "Pins and Needles," a musical comedy written and produced by members of the International Ladies' Garment Workers Union of New York.

On the afternoon of March 4, employees of the Department of Labor and guests gathered in the Auditorium of the Labor Department for a program of speeches and music. Addresses were made by Bernard L. Shientag, Carter Goodrich, and Grace Abbott. Music was provided by the Government Printing Office band and a Crescendo Male Chorus, composed of Government employees. The Secretary of Labor presided at the exercises and afterward received guests. Exhibits representing the work of every bureau in the Department were on display in the auditorium and the lobby.

A special booklet, "Twenty-five Years of Service, 1913-38," issued by the Department of Labor, was prepared for the twenty-fifth anniversary (Washington, 1938, 71 pp.). This pamphlet contains chapters on the origin and objectives of the Department of Labor, fact-finding service, service in industrial disputes, service to job seekers and employers, service in improving labor standards, service for working women, service to mothers and children, services to employees and employers on Government contracts, service to immigrants, and service to labor research.

Group-work institute announced for May 31-June 17

The School of Applied Social Sciences of Western Reserve University, Cleveland, Ohio, announces a 3-weeks institute for experienced group workers, May 31-June 17. Credit courses will be given in principles of group work, supervision of group work, work with individuals in groups, and the use of creative arts in group work (dramatics, crafts, music). A

bachelor's degree from a college of approved standing is required for admission. For information, address School of Applied Sciences, Western Reserve University, Cleveland, Ohio.

School Health Education Institute

A 2-day School Health Education Institute will be held May 27 and 28, 1938, at the Michigan Union in Ann Arbor, Mich. The institute is sponsored by the Division of Hygiene and Public Health and the Extension Service of the University of Michigan in co-operation with the Michigan School Health Association. The program provides for the interests of health specialists, teachers, and parents. There will be no registration fee.

Inquiries should be addressed to the Extension Service, University of Michigan, Ann Arbor, Mich.

Boys and Girls Week April 30-May 7

Originated by the Rotary Club of New York City in 1920 as "Boys Week," Boys and Girls Week has of recent years been observed not only in the United States but in Great Britain, Australia, China, Japan, Cuba, Mexico, New Zealand, South Africa, and South America. A manual of suggestions can be obtained from the National Boys and Girls Week Committee, 35 East Wacker Drive, Chicago.

May Day--Child Health Day, May 1

The Nation-wide observance of May Day as Child Health Day was initiated by proclamation of the President of the United States 10 years ago. Since 1936 the Children's Bureau has been sponsoring its observance, which is under the direction of a May-Day chairman appointed by the director of the State department of health in each State.

A special poster prepared for May Day--Child Health Day 1938 is reproduced as the frontispiece of this issue. The poster (19 7/8 by 28 1/2 inches) can be ordered from the Superintendent of Documents, Government Printing Office, Washington, D.C. The price is 5 cents per copy, and there is a discount of 25 percent on orders of 100 or more.

New York School of Social Work summer session The fortieth summer session of the New York School of Social Work will be held June 20 to August 31, 1938. Two terms of approximately 6 weeks each are offered. A new course, Introduction to Public Welfare, will be given by Robert T. Lansdale.

Five seminars open to experienced social workers will be given August 1 to 12, as follows:

Public-Welfare Administration, Robert T. Lansdale
Labor Problems, John A. Fitch
Group Work, Clara A. Kaiser
Social Case Work, Gordon Hamilton
Philosophy of Supervision, Fern Lowry

Detailed information can be obtained from the New York School of Social Work, 122 East Twenty-second St., New York.

International broadcast features Junior Red Cross convention

The Office of Education, United States Department of the Interior, and the American Junior Red Cross will broadcast a program for school children throughout the world on May 4, from 6 to 6:30 p.m., Eastern standard time. The National Education Association is cooperating by devoting its American schools program period to this broadcast, which will be carried by the red network of the National Broadcasting Company and by the General Electric Company short-wave stations and will be rebroadcast by many foreign radio stations.

The program, entitled "Calling All Countries," will be broadcast in part from San Francisco where the Junior Red Cross will be holding its annual convention.

CONFERENCE CALENDAR

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| May 2-5 | American Orthopedic Association (Secretary: Dr. Ralph K. Ghormley, 110 Second Ave., SW., Rochester, Minn.); American Surgical Association (Secretary: Dr. Charles G. Mixter, 319 Longwood Ave., Boston); and allied groups. Atlantic City, N.J. | Changing patterns for group living. National office: 1201 Sixteenth St., NW., Washington, D.C. | |
| May 2-5 | American Red Cross. Annual convention, San Francisco. Information: National headquarters, A.R.C., Washington, D.C. | May 28-31 | National Conference of Jewish Social Welfare. Annual meeting, Hotel Willard, Washington, D.C. Information: N.C.J.S.W., 67 West Forty-seventh St., New York. |
| May 3 | Fourth spring conference on education and the exceptional child. Child Research Clinic, The Woods Schools, Langhorne, Pa. | June 9-11 | American Academy of Pediatrics, Del Monte, Calif. |
| May 4-8 | International Congress of Obstetrics and Gynecology. Amsterdam, The Netherlands. | June 13-17 | American Medical Association. San Francisco. Information: A.M.A., 535 North Dearborn St., Chicago. |
| May 5-7 | American Pediatric Society; Society for Pediatric Research. Berkshire Inn, Great Barrington, Mass. | June 13-20 | American Library Association. Conference, Municipal auditorium, Kansas City, Mo. Executive office: 520 North Michigan Ave., Chicago. |
| May 8-11 | International Society for Crippled Children. Annual meeting, Cleveland, Ohio. Information: E.J. Howenstine, Executive Secretary, Elyria, Ohio. | June 20-23 | National Tuberculosis Association. Annual meeting, Los Angeles. Information: N.T.A., 50 West Fiftieth St., New York. |
| May 10-17 | General Federation of Women's Clubs. Triennial convention, Kansas City, Mo. National headquarters: 1734 N St., Washington, D.C. | June 20-24 | Canadian Medical Association. Sixty-ninth annual meeting, Halifax, Nova Scotia. |
| May 15-20 | National Congress of Parents and Teachers. Forty-second annual congress, Salt Lake City, Utah. Theme: | June 26-July 2 | National Conference of Social Work. Sixty-fifth annual meeting, Seattle, Wash. General Secretary: Howard R. Knight, 82 North High St., Columbus, Ohio. |
| | | June 28-July 1 | American Home Economics Association. Hotel William Penn, Pittsburgh, Pa. Information: A.H.E.A., Washington, D.C. |

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THE CHILD
MONTHLY NEWS SUMMARY

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KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S. GOVERNMENT PRINTING OFFICE : 1938

